

**Note: This is sample  
template it is  
not an OMB  
approved form.**

**Universal 911 Dialing- Second Transition Report**

Please read instructions before completing

**Section 1**

**Carrier Identification Information**

Parent Company Name  
Shidler Telephone Company

Service Provider Name  
Shidler Telephone Company

Company Address, City, State, Zip

P.O. Box 25  
120 Broadway  
Shidler, OK 74652

Service Provider Type            Wireless            x Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
John M. White

Contact Tel #  
(918) 793-2211

Fax #  
(918) 793-7211

E-mail Address  
[shidlero@iamerica.net](mailto:shidlero@iamerica.net)

**Section 2**

**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Osage County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.

Osage County Sheriff's department

**Section 3**

**Certification - To be signed by an authorized representative of the reporting entity**

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature

Printed name of authorized representative

Title

Date

This filing is:      ☒ original filing      ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**